



**PHYSICIAN STATE/COMMUNITY MATCHING
LOAN REPAYMENT PROGRAM CONTRACT**

ND Department of Health
Division of Health Facilities
SFN 51138 (8-2001)

Dept. Use Only

File Number:

Contract Number:

Telephone: 701.328.2894

Name of Community	Name of Physician		
The above-named Community and Physician, hereinafter referred to as "Community" and "Physician", and the North Dakota Department of Health, hereinafter referred to as "Department" hereby enter into the following contract to repay educational loan expenses and provide full-time physician services for a period of at least 4 (four) years. Specific responsibilities of the parties are as follows:			
The Community will:			
1. Pay the following amount of educational loan expenses: \$			
2. Begin making payments (after the physician has completed 6 (six) months of full-time service to the community) to:			
3. Make payments on the schedule as listed below:			
The Department will:			
1. Pay the following amount of educational loan expenses: \$			
2. Begin making payments (after the physician has completed 6 (six) months of full-time service to the community) to:			
Name of Physician			
Address	City	State	Zip Code
3. Make payments on the schedule as listed below:			
The Physician will:			
Practice full-time medicine within the Community for at least 4 (four) years, beginning on the following date:			

It is further agreed that if the physician breaches this loan repayment contract by failing to begin or complete the obligated service, the physician is liable for twice the unpaid loan repayment amounts which were to be paid by the Community and Department on a prorated basis. Any damages the Department and Community are entitled to recover under this Act shall be paid to the State Health Council within 1 (one) year from the date of the breach of this loan repayment program contract. Amounts not paid within the one-year period may be subject to collection through deductions in Medicaid payments or other collection methods. Damages recoverable for breach of contract include all interest, costs, and expenses incurred in collection, including attorneys' fees. Damages collected under this Chapter must be prorated between the Department and the involved Community. For compelling reasons, the State Health Council may agree to and accept a lesser measure of damages for breach of a loan repayment program contract.

It is understood that the physician is released from obligated service, without penalty, if the obligated service has been completed; the physician is unable to complete the term of the contract because of permanent physical disability; the physician dies; or the physician proves extreme hardship or other good cause, to be determined by the State Health Council. A decision by the State Health Council not to release the physician from the physician's obligated service without penalty is reviewable by the District Court.

Additionally, it is understood that any financial obligation of the Department of Health arising out of this loan repayment contract and any obligation of the physician that is conditioned thereon, is contingent on funds being appropriated by the legislature for loan repayment under North Dakota Century Code Chapter 43-17.2.

This contract is in effect when signed by all parties.

Signature of Community Representative

Date

Signature of Physician

Date

Signature of ND Department of Health

Date

Return the completed program contract to:

Gary Garland, Director
Office of Community Assistance
Division of Health Facilities
ND Department of Health
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200